

Application Data Sheet

Application Information

Application Type::	National Stage
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	A MULTI-PLY TISSUE PAPER
Attorney Docket Number::	1501-1327
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	2
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: ANNA
Middle Name::
Family Name:: MANSSON
Name Suffix::
City of Residence:: MOLNDAL
State or Province of
Residence::
Country of Residence:: SWEDEN
Street of Mailing PINNHARVSGATAN 4D
Address::
City of Mailing Address:: MOLNDAL
State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: 431 47

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: JAN-PETER
Middle Name::
Family Name:: BRUNBACK
Name Suffix::
City of Residence:: TORSLANDA
State or Province of
Residence::
Country of Residence:: SWEDEN
Street of Mailing BENJAMINS LYCKA 25
Address::
City of Mailing Address:: TORSLANDA

State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: 423 36

Applicant Authority Type:: Inventor
Primary Citizenship Country:: AUSTRIA
Status:: Full Capacity
Given Name:: SVEN
Middle Name::
Family Name:: GROSS
Name Suffix::
City of Residence:: EBBS
State or Province of
Residence::
Country of Residence:: AUSTRIA
Street of Mailing TAFANG 13 B
Address::
City of Mailing Address:: EBBS
State or Province of Mailing Address::
Country of Mailing Address:: AUSTRIA
Postal or Zip Code of Mailing Address:: 6341

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: THAMI
Middle Name::
Family Name:: CHIHANI
Name Suffix::
City of Residence:: MOLNLYCKE
State or Province of
Residence::
Country of Residence:: SWEDEN
Street of Mailing RADA PORTAR 7

Address::

City of Mailing Address:: MOLNLYCKE

State or Province of Mailing Address::

Country of Mailing Address:: SWEDEN

Postal or Zip Code of Mailing Address:: 435 32

Correspondence Information

Correspondence Customer 00466

Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/SE2004/000308	3/4/04

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::